

Ship Sept 19

Work Order ID 124589

Tuesday, September 16, 2014 10:27:50 AM

124589

Page 1

Item ID: D3574-2

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Cabin Floor Protector

Start Date: 9/17/14 Start Qty: 1.00

1

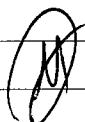
Cust Item ID:

Required Date: 9/18/14 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: 

Date: 14.9.16

Tooling:

Date:

Run Start

NR1

QC: _____

Date: _____

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr								
D3574	Rev B								

100

0.00

DAS

100

FLOW WATER JET

23

Waterjet

0.00

9-89

FLOW CNC Waterjet

Memo

1-Cut as per Dwg D3574



De 14/09/17

Dwg Rev: B

Prog Rev: B

2-Deburr

110

QC2- Inspect parts off machine FAI/FAIB

0.00

DAS

110

Memo

0.00

23

QC

Quality Control



De 14/09/17

9-89

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework	Scrap	Use-as-is	Skid-tube	Crosstube	Water Jet	Engineering		
NCR No. _____	Suspected	Unapproved		Machining	Small Fab	Prod. Eng. Coor.	Quality		
				Thermoforming	Finishing	Rec/Store/Packaging	Other		
				Large Fab	Composite	Supplier			

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General			
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled
<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread		
<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set		
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration		
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence		

Work Order ID 124589***124589***

Page 2

Tuesday, September 16, 2014 10:27:50 AM

Item ID: D3574-2

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Cabin Floor Protector

Stop

NS2

Start Date: 9/17/14 Start Qty: 1.00

1

Cust Item ID:

Required Date: 9/18/14 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

120

120

QC

Quality Control

QC8- Inspect parts - second check

0.00

DAS
27
9-18

M/9/18

1

130

130

Small Fab

Small Fab

Small Fab

0.00

Memo

Deburr if necessary.

DAS
27
9-18

N/A

0.00

140

140

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

Memo

0.00

DAS
27
9-18
4/9/18

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering
NCR No. _____	Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality
	Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other
	Suspected Unapproved	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY									
Landing Gear			General						
<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Folio/Program	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>	Pressure/Forced
<input type="checkbox"/>	Centre Not Concentric	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Set-up
<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damage/Defect	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Temperature/Cure
<input type="checkbox"/>	Crimp/Kink/Ripple/Wave	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Inspection Incomplete/Unqualified	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Weld
<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Wrong Stock Pulled
<input type="checkbox"/>	Crushing	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Misaligned/off center	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	
<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	
<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Misread	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Marks/Chatter	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Off-set	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Fit/Function	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>	

Work Order ID 124589***124589***

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Tuesday, September 16, 2014 10:27:50 AM

Item ID:	D3574-2	Accept	*N900040100*	Setup	Start	*NS1*
Revision ID:					Stop	*NS2*
Item Name:	Cabin Floor Protector					
Start Date:	9/17/14	Start Qty:	1.00	*1*	Cust Item ID:	
Required Date:	9/18/14	Req'd Qty:	1.00	*1*	Customer:	

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
						Stop	*NR2*
	QC:	Date:	SPC (Y/N):	Date:			

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150 *150* Packaging Packaging	Identify as per dwg & Stock Location: Memo	0.00							14/9/18 06
160 *160* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00							MUJ 14-09-18 14-9-18

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____

Date: _____

Work Order update only

Work Order: _____
 Part No. _____
 NCR No. _____

DISPOSITION

Rework
 Scrap
 Use-as-is
 Suspected Unapproved

AGAINST DEPARTMENT/PROCESS

Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General			
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled
<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge	
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread		
<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set		
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration		
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence		

Picklist Print

Page 1

Tuesday, September 16, 2014 10:27:54 AM

Work Order ID: 124589

124589

Parent Item: D3574-2

D3574-2

Parent Item Name: Cabin Floor Protector

Start Date: 9/17/14

Required Date: 9/18/14

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev :A New Issue 07-01-22 EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.125-F60029-04		Purchased	No				sf	6,128.116		26			DAS 23 9-89

MI FXS 125-F60029-04

GE PLASTICS LEXAN SHEET

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT019	4381.525	
124866	106	
m126425	160.925	
m127934	690.6	
m128746	864	(26)
m130209	2560	
TPI	1746.59178	
m129759	1746.59178	

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____

Date: _____

Work Order update only

Work Order: _____
 Part No. _____
 NCR No. _____

DISPOSITION

Rework
 Scrap
 Use-as-is
 Suspected Unapproved

AGAINST DEPARTMENT/PROCESS

Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General			
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled
<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge	
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread		
<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set		
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration		
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence		

DART AEROSPACE LTD	Work Order:	124589
Description: Cabin Floor Protector	Part Number:	D3574-2
Inspection Dwg: D3574 Rev: B		Page 1 of 2

FIRST ARTICLE INSPECTION CHECKLIST

First Article Prototype

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø3.00	+0.006/-0.001	2.99	✓		U-JKM-01	
7.37	+/-0.030	7.37	✓		T-JKM-06	
10.75	+/-0.030	10.75	✓			
11.00	+/-0.030	11.00	✓			
15.25	+/-0.030	15.25	✓			
25.87	+/-0.030	25.87	✓			
39.75	+/-0.030	39.75	✓			
44.75	+/-0.030	44.75	✓			
53.51	+/-0.030	53.51	✓			
63.50	+/-0.030	63.25	✓			
65.25	+/-0.030	65.25	✓			
10.75	+/-0.030	10.75	✓			
11.00	+/-0.030	11.00	✓			
14.75	+/-0.030	14.75	✓			
25.50	+/-0.030	25.50	✓			
25.75	+/-0.030	25.75	✓			
26.00	+/-0.030	26.00	✓			
32.87	+/-0.030	32.87	✓			
38.81	+/-0.030	38.21	✓			
45.00	+/-0.030	45.00	✓			
48.25	+/-0.030	48.25	✓			
58.38	+/-0.030	58.38	✓			
61.25	+/-0.030	61.25	✓			
64.13	+/-0.030	64.13	✓			
64.63	+/-0.030	64.63	✓			
66.50	+/-0.030	66.50	✓			
7.50	+/-0.030	7.50	✓			
9.50	+/-0.030	9.50	✓			
10.38	+/-0.030	10.28	✓			
10.88	+/-0.030	10.88	✓			
14.50	+/-0.030	14.50	✓			
16.56	+/-0.030	16.56	✓			
18.75	+/-0.030	18.75	✓			
24.13	+/-0.030	24.13	✓			

DART AEROSPACE LTD		Work Order:	
Description: Cabin Floor Protector		Part Number:	D3574-2
Inspection Dwg: D3574	Rev: B		Page 2 of 2

FIRST ARTICLE INSPECTION CHECKLIST

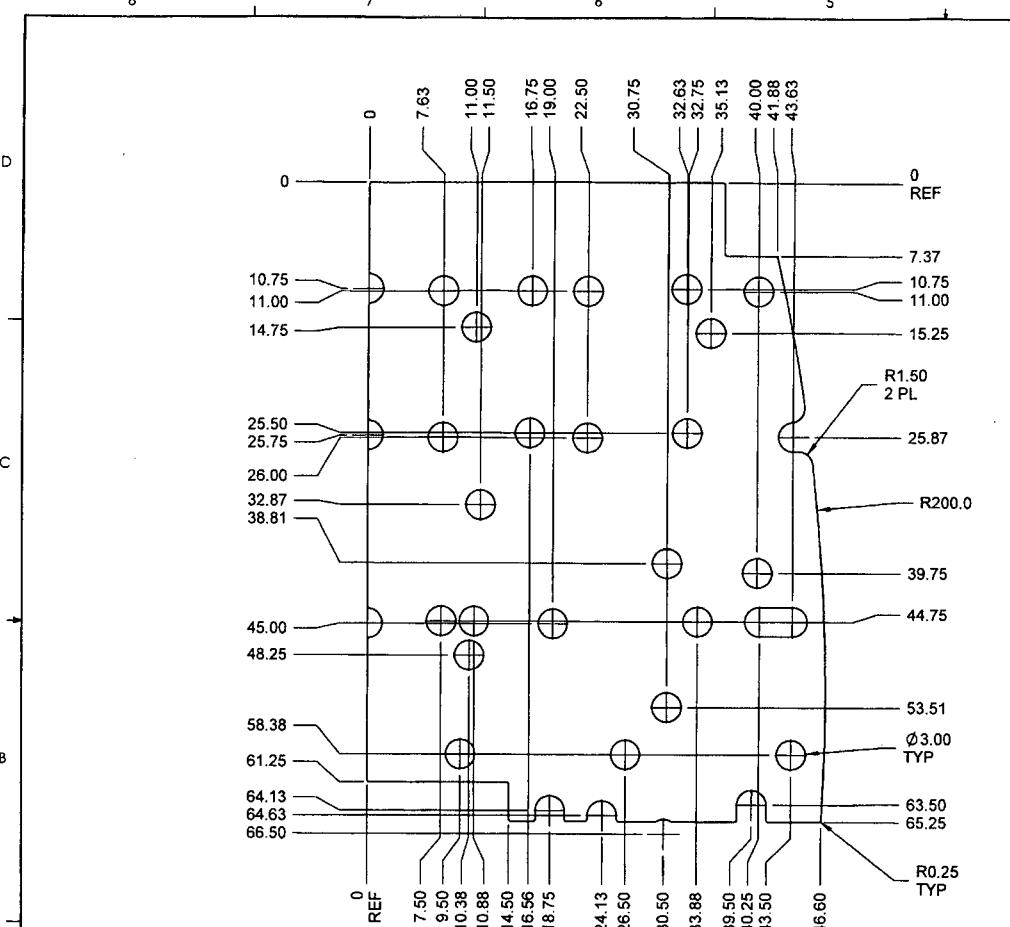
First Article Prototype

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
26.50	+/-0.030	25.60	/			
30.50	+/-0.030	30.50	/			
33.88	+/-0.030	33.48	/			
39.50	+/-0.030	39.50				
40.25	+/-0.030	40.25	/			
43.50	+/-0.030	42.50	/			
46.60	+/-0.030	46.60	/			
7.63	+/-0.030	7.63	/			
11.00	+/-0.030	11.00	/			
11.50	+/-0.030	11.50	/			
16.75	+/-0.030	16.75	/			
19.00	+/-0.030	19.00	/			
22.50	+/-0.030	22.50	/			
30.75	+/-0.030	30.75	/			
32.63	+/-0.030	32.63	/			
32.75	+/-0.030	32.75	/			
35.13	+/-0.030	35.13	/			
36.50	+/-0.030	36.50	/			
40.00	+/-0.030	40.00	/			
41.88	+/-0.030	41.88	/			
43.63	+/-0.030	43.63	/			
0.125	+/-0.010	.130	/			

DAS

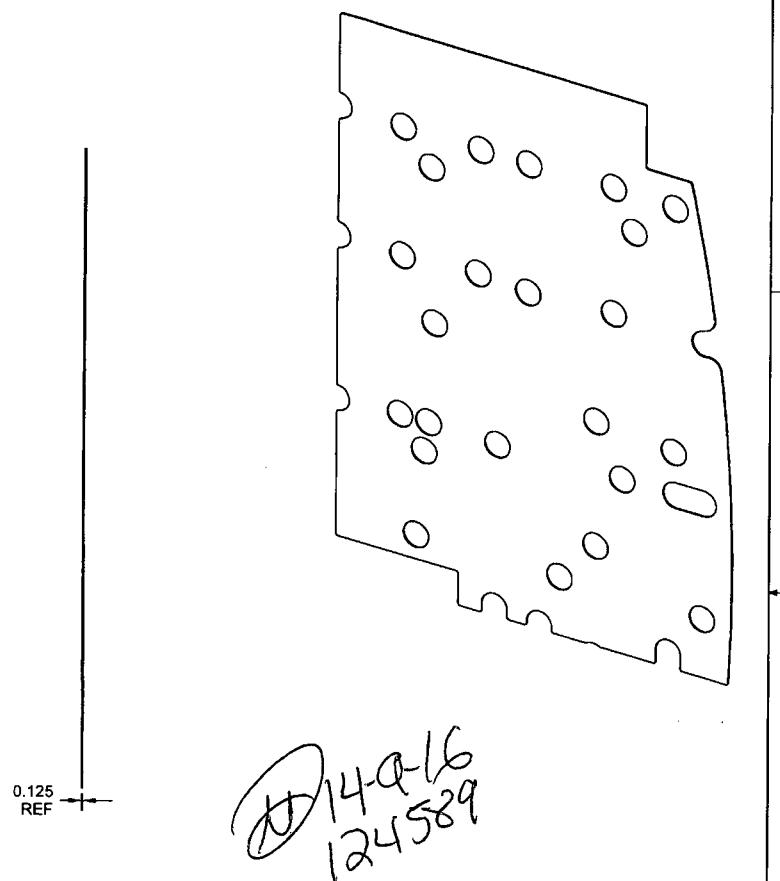
Measured by:	De 23 9.09	Audited by:	DAS 27	Prototype Approval:	N/A
Date:	14/09/17	Date:	14/09/18	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	08.02.28	New Issue	KJ//DD	
B	08.07.31	47.75 dimension removed	KJ/DD	
C	09.05.15	Dimensions updated per Dwg Rev B	KJ	DD



NOTES:

- 1) MATERIAL: F60029 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE), 0.125 THICK. TEXTURED SIDE UP. (REF DART SPEC MLEXS.125-F60029-04)
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3574-2" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE OF PART
- 7) WEIGHT: 14.30 lbs
- 8) CHECK PER TEMPLATE DT8961



RELEASED
09/04/07 JWD

DESIGN	<input checked="" type="checkbox"/>	DART AEROSPACE LTD			
DRAWN	<input checked="" type="checkbox"/>	HAWKESBURY, ONTARIO, CANADA			
CHECKED	<input checked="" type="checkbox"/>	DRAWING NO.			
MFG. APPR.	<input checked="" type="checkbox"/>	REV. B			
APPROVED	<input checked="" type="checkbox"/>	D3574			
DE APPR.	<input checked="" type="checkbox"/>	SHEET 2 OF 6			
DATE	09.03.25				
TITLE CABIN FLOOR PROTECTOR SCALE NTS					

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